S. No. 300
v. 10.48

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38385

BIRTH NO. 80071-54 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3056 Registrar's No. R65

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 1 hr. 27 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormick Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark
d. STREET ADDRESS (If rural, give location): Route Two

8040 1

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): (none)
c. (Last): GINGERICH

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: Dec. 4, 1954
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 1 Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): newborn
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Moberly, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob J. Gingerich
13b. MOTHER'S MAIDEN NAME: Mary Borntrager
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Mary Gingerich, R.R.#2, Clark, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 1.25 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 7 mo
DUE TO (c) Erythroblastosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7705
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 4, 1954, *to* Dec 4, 1954, *that I last saw the deceased alive on* Dec 4, 1954, *and that death occurred at* 8:58 *Pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry J. Stewart D.O. 2
23b. ADDRESS: Sturgeon, Mo
23c. DATE SIGNED: 12-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-4-54
24c. NAME OF CEMETERY OR CREMATORY: Prevost
24d. LOCATION (City, town, or county) (State): near Clark Mo.

DATE REC'D BY LOCAL REG.: 12-4-54
REGISTRAR'S SIGNATURE: Leah Ebrelian 269
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: none -

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.